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[It is exceedingly gratifying to us to lay before the readers of the Journal, the introductory discourse delivered by Prof. Bigelow, at the opening of the present lecture term, in the Mason Street College. We solicited permission to publish this excellent paper, which has been kindly granted. Dr. Bigelow is extensively known as a medical author, whose writings are destined to exert an influence in after times. The College, we understand, was never more prosperous, the class being uncommonly large.—Ed.]

INTRODUCTORY LECTURE,

Delivered at the Medical College, Boston, November 6th, by Jacob Bigelow, M.D., Professor of Materia Medica and Clinical Medicine.

I AM about to address myself to an audience of young men, a class of persons who, in our new and active country, assume an influence, and wear a responsibility, unknown in the older communities of Europe. The sparse character of our population, the call for active and efficient men, the sure market which exists for talents, and even for common ability and prudence, have given a national precocity to our youth, and a readiness in adapting themselves to new and difficult spheres of action. I have heard foreigners speak with surprise of the arrival, in distant parts of Europe or India, of American ships commanded, not as is usual by weather-beaten veterans, but by beardless striplings. The signs of our mercantile houses bear often the names of very young men, and the avenues of our professions are so crowded with them, that perhaps no regulation is more liable to be infringed than that which requires that professional candidates shall be 21 years of age. Young men figure in the ranks of our military corps and swell our political meetings. Their voice is heard among us in the periodical press and in the halls of legislation.

These precocious habits of our country have of course been felt in the medical profession. In most of the schools of Europe, medical honors are not conferred until after a noviciate of four and more frequently five years, during which an extensive circle of sciences is obliged to be mastered, and to be approved by a series of strict examinations. Not only are the essential branches of medicine required to be fully understood, but they must be preceded by a knowledge of the subsidiary sciences, and must also be confirmed by practical and clinical experience.

With us, on the other hand, the short period of three preparatory years devoted to regular study and lectures, may be said to constitute nearly the sum total of a medical education; for the collateral requirements are so small that their acquisition is often effected during the same three years which are applied to the other branches. And a young man who has learned to read and write, issues from the village school, or perhaps from the counter or the plough, and in three years is licensed, and declared competent, to exercise the multifarious profession of medicine and surgery in all its departments. As it often happens in

this and similar cases, the newly-approved candidate sends forth his anxious glance, directed not always to his own deficiencies or the means of supplying them, but to that common goal and object of a young man's inquiry, which is to fill up the measure of his practical aspirations—an opening. By the timely decease of some elderly practitioner, or by the fortunate discovery of a rising settlement in some distant State, or on some promising water power; he finds himself, perhaps at short notice, installed, under virtue of the acquiescent silence of the small community in which he lives, the constituted physician of the place. In one month, perhaps in one week, he may be called upon to diagnosticate organic lesion in a case of life and death, or to treat the most formidable convulsive disease. He may be summoned to tie the femoral artery, or to decide and deliver in a case of placental presentation. There may be no consulting physician within many miles, at least none who can arrive in season for the emergency.

The safety, then, and probably the lives of the unfortunate constituents of this young man, will depend upon the question whether he has, or has not, been truly educated, whether his mind and hand have been adequately trained for the great occasions that await him. It is not enough that he has suffered three years to expire while taking his ease in the office of a city physician, nor that he has passed a corresponding time in following the rounds of a country practitioner. It is not enough that he has carelessly read the works of approved authors, and has squeezed through the customary academic examination. If he has done only this, it is more than probable that failure awaits on himself and disaster upon his patient. But if his studies have been methodical and conducted with an eye to practical application, if he has concentrated his attention upon necessary points, if he has felt the earnest interest which, more than anything else, imprints truth on the remembrance; if he has gathered up and arranged his resources in reference to coming emergencies; if he has gone over in anticipation the difficulties of his profession, and planned his own mode of extrication—then he will find that inexperience does not involve failure, and that youth is not an insurmountable barrier to success. He will recollect that the most eminent physicians, and the most successful operators, have had their first cases. He will perhaps also remember that some of the most distinguished men in history have emerged from obscurity while yet in youth; that not only warriors like Alexander and Napoleon, but statesmen like Pitt and Fox, and philosophers like Davy and Bichat, had achieved some of their proudest laurels at the very entrance of manhood.

Let it not be supposed, however, that I am an advocate for the premature assumption, by young men, of the responsibilities of our profession. Every medical student is to be considered unfortunate, who by reason of poverty, or the stress of other circumstances, is obliged to hurry his probationary period to an early termination. Too much time and attention are not often bestowed on the business of preparation for practice. The oldest and the best physicians have had frequent cause to regret that they were not better educated. But the superficial student, who rarely

has the time and the will to repair his early deficiencies, is haunted through life by a round of perplexity and embarrassment, and degraded by a sense of his own incompetency.

It should be borne in mind that there is no period of life in which time can be so conveniently spared from lucrative pursuits, as in youth. After a man has attained to the age of 30, it is commonly of very little consequence to him, as far as his yearly receipts are concerned, whether he had commenced practice at the age of 21, or of 24. But as far as he may prize a quiet conscience and freedom from anxiety, the later age is incomparably the most secure. I would advise any young man who has completed his education at the end of his minority, that he should devote two additional years, and if practicable a still longer period, to availing himself of such advantages, both in study and practice, as may prepare him for his future duties. And when, as it often happens in our community, narrow circumstances require that a young man should live by his own exertions, this state of things, instead of being a motive that he should crowd himself prematurely into the ranks of the profession, incumbered with debt, and bare of acquirements and of means; is rather an imperative reason, that he should at once begin by resolving to devote twice the customary number of years, if necessary, to the double purpose of keeping himself in an independent position, and of placing himself at length, in point of maturity of knowledge, on a par with his more favored competitors.

It may not be improper, in this place, to offer you some suggestions as to the mode in which students may advantageously appropriate the time of their pupilage in reference to the science which they expect to acquire. Medical literature has become so vast a subject, that the undirected student is apt to be lost in the maze of books and sciences which seem equally to press upon his attention. And he is likely to fall into the pernicious error of thinking that he must read a great deal, even though he remembers nothing. The true object of a medical pupilage should be, not to read, but to study, to observe, and to remember; not to pass superficially over the writings of celebrated men, but to select those compendiums of the several sciences, which contain a condensed view of their essential and elementary facts, which separate the chaff from the wheat, and offer what is fundamental and useful, within a compass which is capable of being impressed on the memory. Most of the constituent sciences which are nominally included in a modern medical education, are now so extensive, that the cultivation of any one of them may afford abundant occupation for a common lifetime. Chemistry is already so vast a science, that a general chemist who knows all the recorded facts of the science, is a character unknown. Vegetable chemistry alone fills ponderous volumes, and is as yet in its infancy. In like manner the *Materia Medica*, though as old as Hippocrates, is still an infant science. Nevertheless, it is already beyond the grasp of any one physician at the present day. It is probable that ten, and perhaps a hundred thousand substances, afforded by the three kingdoms of nature, are capable of exerting an active, or, as it is called, a medicinal influence upon the human body. Of these a

very small part have hitherto found their way into the Dispensatories. Yet the Dispensatories are already so cumbersome, that no student or physician now-a-days reads the one half, or remembers one quarter, or uses in practice one tenth, of the materials which make up their contents.

But what shall we say of the theory and practice of medicine, the literature of which is a vast magazine of rubbish, with a few gems imbedded in it, accumulated in all time since the origin of writing, and in such excess that no country in Europe could probably furnish even a catalogue of its own modern books. The history of this extensive science contains a mixture of much that is bad, with much less that is good. In medical research the still small voice of truth has from time to time made itself heard, but it has as often been drowned by the dogmas of the visionary, and the clamors of the interested. An immense amount of time and labor has in all ages been wasted by students in acquiring theories instead of facts, in learning what it afterwards cost them much pains to unlearn, in committing to memory, not the truths of philosophy, but the popular doctrines of ingenious men.

During the present century a host of theorists and gratuitous reformers have replaced each other on the arena of medical controversy. Now and then a gigantic enthusiast, like Broussais, has acquired an ascendancy sufficient for a time to identify his name with that of modern medicine, and to exact a knowledge of his speculations from all who would not seem ignorant of science. But Broussais lived to see his doctrines repudiated, his lecture-room deserted, and his name on the road to oblivion. A truth in medical science, like the import of the physical signs, for example, will struggle its way through opposition and distrust, into general adoption. But an unfair and unfounded assumption, rarely survives long the life of the individual whose own eloquence and obstinacy were necessary to force it for a time upon the public attention.

If we could purge the sciences of pathology and therapeutics from the writings of men who wrote merely because they had a doctrine to establish, or a reputation to build; and could confine these sciences to the results attained by those who sought directly and impartially for the true and the useful; it is probable that the whole subject would be brought within the comprehension, not only of every physician, but of every medical student. And from the recent mode of conducting medical investigations, which has commenced in France, and is gradually gaining foothold in all civilized countries, we may hope in our own day to see near approaches to this desirable result.

Every medical man, whether student or physician, owes a threefold duty, to himself, to his competitors, and to his patients. To himself he owes the cultivation of habits of order and perseverance, a love of honesty and a desire of knowledge. No man is successful in a learned profession, who does not cultivate a methodical disposition of his time. The neglect of an hour, the omission of an engagement, and the postponement of what is necessary for what is unimportant, have ruined many a good intention and many a promising prospect. Lord Chesterfield says that the Duke of Newcastle lost half an hour in the morning, and spent

the whole day in running after it. This is a true expression of the career of a busy but inefficient man. He who is always driven, always in a hurry, always late, and always with deficiencies to be made up, is very likely to be always a failure. It is well known that the responsibilities of society are best and most easily discharged by those who estimate the value of small portions of time, who do things strictly in their proper season and place, who provide against contingencies, and distribute their day in reference to what is, as well as to what may be, required of them.

But the best ordered arrangement of time and the most punctual habits of attention, do not always succeed in our profession, except through perseverance, and often through long suffering. The public, especially in cities, are slow in giving their confidence to strangers and to young men. The late Dr. Physick, of Philadelphia, asserted that during the first three years of his practice he did not pay for his shoe leather; and a late very eminent physician of this city once informed me that he did not earn his own board during three times that period. The conservative principle which retards the reception of young men into lucrative business, is the foundation of their security in after life, for medical practice would not be worth having, in a community, whose love of change should lead them to desert their former friends and counsellors, to run after every new comer. Physicians usually come on to the stage and move off of it, in company with the generation to which they belong. In a large city, a young physician, except under circumstances of peculiar patronage or necessity, does not usually obtain employment from families who are much in advance of himself. But these families and their medical attendants pass away, and he and his cotemporaries become the standing physicians of their time. A preparatory period in the mean time elapses, during which the candidate for future honors has usually enough to do, to perfect his knowledge, to fill the gaps in his experience, and to give proofs to the community around him, that he possesses aptitude for the common affairs of life.

Every physician is an inquirer during life, and continues to learn something up to the last year in which he may happen to study or practise. As the science advances, moreover, every intelligent practitioner is obliged to replace some of his former opinions, with others which he finds to be better substantiated. We should be careful, therefore, not to pledge ourselves unnecessarily to medical opinions which are founded on equivocal or imperfect testimony. The public sentiment attaches a kind of disgrace to frequent changes and recantations, and they ought also to do the same to the course of any man, who for the sake of consistency with himself, continues to maintain an erroneous and exploded opinion. Both these extremes are avoided by the physician who reserves his assent to any new opinion, until the evidence of the case is satisfactorily made out.

One of the most difficult virtues for a physician to cultivate, is a just and proper deportment towards his professional brethren. As in all professions in which men live by their heads rather than their hands, business is liable to be overdone, and a candidate who has not acquired all

the occupation that he wishes, is apt to regard his competitors as stumbling blocks, to be gotten rid of by fair means, or foul. Hence arise the jealousies, calumnies and open hostilities so often entertained, which injure all the parties concerned, and lower the estimation of the profession with the public. Harmony and a proper *esprit de corps*, may uphold the dignity of even an inferior profession ; but the public rarely respect any class of men, the members of which have no respect for each other. A friendly intercourse with those whom we approve, is productive of pleasure and advantage, and a gentlemanly forbearance towards those with whom we do not agree, will show that we are above jealousy. A man is always to be suspected, who tells you that he is surrounded with enemies ; and one who is an habitual calumniator of others, forces upon his hearers the conviction that they in their proper turn are to come in for their share of his animadversions.

I doubt if physicians do not sometimes injure themselves and their cause, by showing too great a sensitiveness in regard to the temporary inroads of irregular practitioners. Quackery, whether carried on by the audacious enterprise of an individual impostor, or upheld by the trumpeting of a fanatical sect, is to be considered a necessary evil inherent in the constitution of society. It exists in every walk and occupation of life, by the exercise of which men procure bread. The pettifogger in law, the Millerite lecturer in theology, the demagogue in politics, the system-monger in education, and the wonder-worker upon the brains and bowels of infatuated audiences—what are all these but quacks moving in their respective spheres, and fattening upon the credulity of dupes. A certain portion of mankind are so constituted that they require to be ridden by others, and if you should succeed in unhorsing a particular impostor, it is only to prepare the saddle for a fresh and more unflinching equestrian. It is not good policy to say or to write too much in regard to the pretensions of impostors. A celebrated author observes that “many a popular error has flourished through the opposition of the learned.” By throwing the gauntlet at an insignificant man, you at once raise him to the dignity of being your competitor, and acknowledge him as a “foeman worthy of your steel.” And if you discover uneasiness, resentment or ill temper, the public conclude that you are influenced by your private interests. Besides, when you have entered the arena of controversy, you will probably find that the quack who has his all at stake, can afford more breath and time, than you can conveniently spare from your other occupations, and in an active warfare, he may acquire two partisans to your one. It is not long since the exhibiter of a stuffed mermaid succeeded in drawing down the popular indignation on an unfortunate naturalist, who had ventured to declare that it was made of a fish and a monkey. The public generally require time to get disabused of a favorite error ; and if too abruptly assailed, they will sometimes hold on to it, as the traveller did to his cloak when attacked by the north wind.

In your demeanor in regard to quacks, you should keep aloof from them, and trouble yourselves little about them. Admit the general fact that the

race always do and must exist in society ; that they are wanted by the credulity of a particular class of minds ; that the fall of one dishonest pretender, or one visionary sect, is sure to be replaced by the elevation of another ; therefore it little concerns you to know what particular imposition has the ascendancy at any given time. When you are interrogated in regard to a specific subject of this kind, you should make a reasonable, cogent and dispassionate answer, always avoiding the appearance of warmth and especially of self-interest ; and you may be sure that a majority of the public will be on the side of truth. As far as my observation extends, three quarters at least of the families in Boston and New England, are in the hands of regular practitioners. The remaining fraction, more or less, consists partly of minds so constituted that they require the marvellous as a portion of their necessary food, and partly of unfortunate beings, suffering the inevitable lot of humanity, who having failed to obtain relief from the ordinary resources of medicine, seek for temporary encouragement in the dishonest assurances of any who will promise to cure them. The first class is the dog in the fable, catching at shadows ; the last is the drowning man catching at straws.

Above all, if you would discountenance quackery, take care that you become not quacks yourselves. Charlatanism consists not so much in ignorance, as in dishonesty and deception. In your intercourse with patients, cultivate a spirit of fidelity, candor and truth. Endeavor to understand yourselves and your science, weigh justly your own powers, and profess simply what you can accomplish. If you announce to your patients that you will cure incurable diseases, or cut short those which have a necessary period of duration, you do not speak the truth, you merely blind your patient, while you throw the die for a fortuitous result, a game at which the veriest mountebank may at any time beat you. The profession as a body are often unpopular with a large and sagacious part of the community, because they so frequently disappoint the expectations they have allowed themselves to raise. You may safely undertake and promise to cure diseases which you know to be curable, to alleviate others which you know to be not so, and to perform what art and science can do towards conducting doubtful and dangerous cases to a happy issue. But this is all you can accomplish or promise. The skilful mariner may steer his ship through a dangerous navigation, but he cannot control the wind, nor arrest the storm. Nor would he gain reputation by professing to do so.

It is hardly necessary that I should counsel you not to neglect your patients, when you can do anything for their welfare and security. Neglect of outward attentions is not, I think, a very frequent sin of physicians, inasmuch as their interest very obviously lies in a different course. But many practitioners fall into the opposite error of over-attention to their patients, of making them long, tedious or superfluous visits, of hampering them with strict and complicated instructions, and especially of over-drugging them with remedies. There are some patients, it is true, who like to be bled, blistered and physicked ; but the number is small, and in most cases both the instinct of the child, and the discretion

of the grown man, cause them to revolt against nauseous and painful inflictions. When, therefore, you are called to take charge of a case, ask yourselves how great is the danger, and what is the probable tendency of the disease if left to itself. If life is in question, and you have reason to believe that the patient may be rescued by prompt and energetic remedies, you should not hesitate to employ them. But in common, trivial and safe cases, such as afford a large part of a physician's occupation, you should not allow a habit, or a hobby, to lead you into the blind routine, of always thinking that you must make your patients worse before they can be better. I believe that much of the medical imposition of the present day is sustained in places where practice has previously been over-heroic, and because mankind are gratified to find that they and their families can get well without the lancet, the vomit and the blister, indiscriminately applied; and because the adroit charlatan transfers the salutary influences of time and nature, to the credit of his own less disagreeable inflictions.

It is the duty of physicians to elevate their profession, by maintaining in their individual character a high moral rectitude, a just and honorable conduct, a devotedness to the welfare of their patients, and an unceasing effort to improve themselves and their science. If this course is pursued by medical men, they can hardly fail of becoming useful and respected members of society. There is no country in the world in which the avenues to respectability and distinction, to competency and even to wealth, are more open to physicians, than in the United States. It has been observed that in England, no medical man is ever permitted to attain the aristocratic rank, which belongs to birth, and which is occasionally accorded to eminence in the military, political, legal and financial professions. But in our country there is no post of honor or emolument, and no situation of influence and distinction, which our history does not show to be within the reach of our profession. But it is not to political, or extra professional preferment, that the true physician should look. He should rather be contented to build up his own character within his own sphere, as a man of knowledge, fidelity and honor. The respect of the community, and the attachment of friends, will always attend on him who loves truth for its own sake, pursues knowledge that he may be able to benefit others, and deals justly with his fellow men, consenting that they, in turn, should deal justly with him.

MEDICAL DEPARTMENT OF THE NATIONAL INSTITUTE.

ANSWERS TO QUESTIONS IN THE DEPARTMENT'S CIRCULAR.

[Communicated for the Boston Medical and Surgical Journal.]

1. *The Medical Topography.*—THE part of the country in which I practise, is on the banks of the Connecticut river, and is hilly. The stream itself and the level meadow land constituting its immediate banks, vary from one eighth of a mile to one mile in breadth, and from this the

hills rise on each side in successive ridges to the Green Mountains of Vermont on the West, and to the height of land forming the division of the water-shed between the Connecticut and Merrimac rivers, on the East. These ranges of hills are intersected and divided by the vallies of the tributary streams of the Connecticut and their secondaries, and consist of primary rocks covered with the detritus of the same. Among them are scattered small ponds, lakes and swamps, near some of which, where there happens to be an accumulation of decaying vegetable matter, cases of disease may occasionally be found, appearing to owe either their origin or their peculiar form to the presence in the air of a malarious or miasmatic principle, but no extensive sources of malaria are known, nor is it often that cases of disease like the above are met with.

2. *The Effects of Agriculture, &c., upon the Climate and Health.*—This region has always been considered healthy, and from all that I can learn, no marked change has been produced in it by the agents specified in this inquiry. I should think, on the whole, that a slow and gradual improvement had taken place since the first settlement, which, as to any considerable body of inhabitants, may be dated considerably within a century. Long and severe fevers seem to have been more prevalent formerly than now; but it is doubtful whether the improvement in this respect may not more properly be attributed to greater means of comfort for the sick, and more rational and skilful treatment on the part of nurses and physicians, than to any amelioration of climate. According to the testimony of Dr. Nathan Smith, typhus fever seems not to have been much known in this region till about fifty years since, though since that time, it is hardly absent from any town more than a single season. To whatever change this may be owing, the circumstance can hardly be considered an improvement in the health of the region, though possibly it may have supplanted some equally or more fatal disease. The early physicians of this region were, however, mere practical men, of slender education mostly, little conversant with books, and less so with writing, and no records are left that may tell the "tale of other days" in the history of medicine. In the twenty years that I have been here, I have noticed several local improvements in health by the clearing and draining of small swampy patches in the immediate vicinity of habitations.

3. *Manufactories and their Influence.*—There are no manufactories in the village in which I reside. In the neighboring towns are several small cotton and woolen factories, but I have no means of knowing whether they exert any prejudicial effect upon the health of the operatives. Generally speaking, there is more sickness in those towns than in mine, which I have attributed to the ponding of the water of the streams for the purpose of supplying the works, the irregular height of such ponds in different seasons, and the exhalations from the bed of the ponds, when the water was low, as is most commonly the case in the latter part of the summer and the early part of autumn. In one or two instances, I have also attributed it to the more irregular conformation of the ground, having steep hills with ravines and hollows, the recipients of the wash of rain from the surrounding heights, and subject to considerable stagnation of air unless when the wind blows

from some particular quarters; some being open in one direction and some in another.

4. *Epidemic and Endemic Diseases.*—No endemic diseases are known here. Epidemics; we have a moderate share of those that are more or less prevalent everywhere; such as measles, scarlet fever, hooping-cough, influenza, &c. In this town (Charlestown, N. H.) all the visitations of these since I have been here, have been very light, not only positively so, but compared with most of the neighboring towns. Scarlatina has been moderately prevalent once for a single season, and a second time for a period of two or three years, and occasional detached cases have occurred in other years, in this place; in other towns it has been more frequent, more widely spread and severe. Measles has prevailed here extensively but once in the last twenty years; more frequently in the neighborhood. Hooping cough but twice; influenza three or four times. Typhus fever has been frequent here but twice in the same period, though a few scattering cases occur almost every year. A severe epidemic dysentery raged here about forty-five years since, carrying off a large number of inhabitants. The same disease ravaged the adjoining town of Springfield, on the other side of the Connecticut river, about five years since, and was very fatal. These are all the epidemics I have known or heard of in this place or near it, except the celebrated spotted fever of 1809 or 10, in print.

5. *Character, Cause, and Treatment of Fevers.*—Fever, properly so called, are not very prevalent here, except occasionally typhus or typhoid. A few scattering cases of bilious or gastric fever are to be found almost every spring and summer, a few also answering much to the character of the *simple continued fever* of Fordyce. Inflammation of the lungs, with gastric and hepatic irritation, are not unfrequent in the latter part of the winter, and now and then a case of typhoid pneumonia is seen, particularly when the inflammation of the lungs takes place during or near the prevalence of typhus or typhoid fever or its neighborhood.

No particular cause is known for the occurrence of any of these. Anything that materially disturbs the equilibrium of the system seems a sufficient exciting cause of the simple forms, and in union with taking cold, of the complicated ones. Some terrestrial or atmospheric influence seems to me to be at the bottom of all.

The usual mode of treatment laid down in standard authors, with slight modifications according to the greater or less urgency of the case, or the prominence of particular symptoms, is that commonly followed here, and with so fair success, that there has been little temptation to go from the beaten and approved track. The older physicians however used, and some still use, calomel much more freely than many of the younger ones, endeavoring to get the patients' mouths sore as soon as may be; but it is not found that this mode is more successful than a treatment almost wholly without mercury, and oftentimes far more distressing to the patient. In typhus the treatment is generally based upon that recommended by Dr. Smith (Nathan) in his little treatise on that disease.

Examinations after death are very much disliked by the people, and

seldom to be had, except in case of some anomalous and perplexing complaint; and I can therefore say nothing of pathological appearances developed by a *post-mortem*.

I know of no proof that any of the diseases above specified are contagious; my own opinion, founded on much investigation and reflection, is that they are not so, at least here; though possibly, under some peculiar combination of circumstances, the disease called typhus or typhoid may be communicated from one person to another.

6. *Change in the Type of Disease*.—No such change to my knowledge has taken place here.

7. *Average Duration or probability of Life*.—I know not of any calculation ever having been made as to this particular part of New England, but presume it will not differ materially, if any, from the general ratio observed in New England, though I do not now recollect what that is. Information may doubtless be obtained from the Life Insurance Company in Boston.

8. *Relative Health, &c. of Whites and Blacks*.—There is hardly a single black in this region, of course no answer can be given.

9. * * * * *

10. *Annual number of Marriages, Births and Deaths per thousand*.—No bills are kept which will enable me to give this information accurately, but I think the births may be stated at about 60 per M, the marriages at about 30, and the deaths at 35 to 40. The population of this town has not increased at all in the last twenty years. Emigration to the West, &c., keeps it stationary.

11. *Longevity*.—No instances of age beyond 95 have occurred within my knowledge, and only one beyond 90; there have been a number of persons who died between 80 and 90, and some are now living. Numbers reach some period from 70 to 80. From what has been said of the date of the settlement, it must follow that nearly all of those that have reached the term of 80 years, have been emigrants, as is the case with most of those between 70 and 80 now surviving. Most of them came from Massachusetts and Connecticut, a few from some of the earlier-settled parts of New Hampshire.

12. *Milk and Vegetable Diet*.—None such are here, except a few pursuing it as a temporary regimen for the removal or prevention of disease. Of course these are not the subjects of the question.

13. *Influence of Temperance Reform*.—Too little time has elapsed since this has taken place to enable any particular alteration to be perceived in the general health and strength of the people at large. The health of individuals has undoubtedly been improved. If temperance continues to the next generation, the question may then be answered.

14 and 15. Should anything occur as deserving of notice under any of the heads indicated in these articles, it will give me much pleasure to communicate them to the Society.

Very respectfully,

Charlestown, N. H., Feb. 15th, 1843.

SAM'L WEBBER, M.D.

USE OF NARCOTICS IN SIAM.

[DR. BRADLEY, of the Siam Mission, communicates to the Missionary Board the following singular information respecting the use of tobacco and other narcotics in that country.]

1. Nearly or quite all the male subjects of this kingdom are strongly addicted to the use of tobacco, in some or all of its forms. They begin to smoke before they are weaned. You may see infants now at the breast, anon puffing with a cigar, and then chewing a compound cud of betle, seri-leaf, lime and tobacco. Although the females do not often smoke tobacco, they very generally chew it in the form of the foregoing compound, and this practice they commence about as early as the males do their smoking. Thus this powerful narcotic begins to exert its baneful influence upon this people at the very dawn of their rational being; and it grows with their growth, and strengthens with their strength. They know of no time when they were free from its influence. In this respect they are very different from the consumers of tobacco in Christian lands. The latter learned to think and exercise their rational faculties many years before they allowed this narcotic to exert any influence over them; and whatever may be its effects upon their subsequent life, it seldom imparts a narcotic tinge to all their thoughts. But the minds of the Siamese have been formed wholly under the enfeebling influence of tobacco, and their thoughts are held fast to it as by a spell. The males, especially, would almost as soon think of living without air, as without cigars. Hence it is painful for them to attend our meetings, where they cannot be allowed to smoke. We are exceedingly tried, and filled with fears at seeing so many of them so manifestly the bond-slaves of tobacco. In like manner are we tried with the lads in our school, and with the workmen in our employ. Is there any people so universally and strongly addicted to tobacco as this?

2. The eating and smoking of opium, which were greatly checked a few years since, by the edict of the King, appear now to be fast reviving again. Although the law still makes this a contraband article of trade, and threatens all consumers of it with confiscation of goods and an ignominious death, the law is not enforced as it once was. There seems to be a secret willingness on the part of government men, that opium should be smuggled into the country, at least to an extent sufficient to satisfy the cravings of the many who are already addicted to its use. If so much be connived at, have we not fearful reason to think that this river of death, already broad, will continually widen; and where will be the end of the calamities it will produce?

3. Guncha, a plant possessing many of the properties of opium, is grown abundantly in Siam, and may always be purchased at the shops with very little expense. Many who are too poor to buy opium, resort to this weed for their stimulant and opiate, and smoke it till they become intoxicated, stupid and mad. Its effects upon the human constitution appear to be quite as bad as those of opium. Its first effect is to produce great mental exaltation; so that the ignorant often think its victims super-

naturally aided and influenced. It produces inebriation of the most cheerful kind in those who are naturally mild, but rage and fury in those who are naturally quarrelsome. This state of inebriation lasts from three to four hours, and it is then followed by deep sleep. A prolonged use of it produces the most wretched nervousness, lung complaints, dropsy, melancholy and madness. Since the check given to the consumption of opium, about five years since, the people have fallen into the use of this poison in great numbers, and multitudes are no doubt ruined by it.

4. The practice of using intoxicating drinks is increasing among this people at a fearful rate. When Protestant missions were first established in Bangkok, about ten years since, it was a very rare thing to see a man drunk, excepting among the Indo-Portuguese. The Siamese sacred books strongly condemned the use of all intoxicating liquors, and the people appeared to be remarkably abstemious. But now the enemy has come in like a flood. There is not an hour of any afternoon when you may not, by going out into the highways and lanes of this city, see many victims of intemperance, reeling, railing, swearing, quarrelling, fighting, and insulting all whom they meet, with a shamelessness in respect to their own persons, and recklessness in respect to the feelings of others, that cannot be named. Consequently crime, poverty and wretchedness of all kinds are greatly increased. The public appetite for spirituous liquors is very strong, and the demand for something that will intoxicate very great. Hence their distilleries are increased in number and extent; some thirty or more are now in vigorous operation. The material from which they manufacture their spirit is chiefly the cane-molasses, which, by the rapid growth of the foreign sugar trade with Siam, has become very abundant. They know not what use to make of their refuse molasses, other than to mix some of it with their lime mortar, and to convert the remainder into liquid death. But with all the facilities they have for manufacturing it, they do not near supply the home consumption. It is imported from China, Batavia, Singapore, and Europe, in no inconsiderable quantities. And all this does not suffice. The poorer classes make intoxicating drink from the juice of the palmyra and fermented rice. An officer of government informed us, not long since, that he could not prevent his slaves from getting drunk; that he had flogged them almost to death for it; but so strong was their appetite for the poison, that they would convert their daily rice into spirit, and intoxicate themselves therewith.

The manufacture and traffic in ardent spirit is all farmed out by Government. The whole kingdom is divided into spirit districts. These are leased annually to the highest bidders, who pay their license money into the King's treasury. This district, including only Bangkok and its suburbs, is taken by one man, who pays annually about \$96,000 for the privilege of monopolizing all the spirit trade within these limits.

[A vivid description is also given of the practice of gambling, which is likewise "farmed out" by Government, and which threatens, with the other vices, to be the ruin of the people.]

MEDICAL SCHOOLS AT THE WEST.

[DR. DRAKE, of the Western Medical Journal, in his Travelling Letters, writes from Chicago as follows respecting some of the new schools which are so rapidly springing up in the Western States.]

Now, lest some of my readers, desirous of changing their location, should resolve to put off for Chicago, I feel it my duty to tell them, that she is already abundantly furnished with physicians. Of the exact number I cannot speak, but the *signs* of an adequate supply are conspicuous; and arrangements have been made for keeping it up, by home manufacture. Of this I gave you intimation in my last, expressing some disapprobation of the proposal to manufacture them here, and in some other places, at so small a cost. In the four days which have elapsed since the date of that letter, my opinions have undergone no change, and of course I still think, that as a cutler, who might advertise to make surgical instruments at half price, would not be patronized by our operators, so surgeons made at half price should not, *a priori*, be regarded by the people as strong and acute. Among the instruments made by the manufacturer of "cheap goods," there might now and then be one of excellent temper, and among the alumni of our cheap schools there may be found some of excellent professional temperament, but neither the shops nor the schools should be judged by these exceptions. Justice, however, to Dr. Brainard, the enlightened founder of the "Rush Medical College" of this place, requires me to state, that he himself, in the abstract, does not approve of cheapening medical instruction, but says he was driven into it by the example of the schools in this latitude, from Geneva, in New York, to Fox River, in Illinois, embracing the intermediate establishments of Willoughby, Cleveland, Laport and Jacksonville. He and his colleagues, indeed, have it in view, in due time, to advance the price of their tickets. He does not anticipate a very rapid growth of his establishment, and would not, in the infancy of the country, have moved in its organization, but that several towns, which he justly regarded as too small and sequestered, had been made the sites of such institutions. I must confess that this view of the matter is plausible; and that if the patronage which would be distributed among the towns of Laporte, Jacksonville and St. Charles, can be concentrated on Chicago, it will be for the benefit of the profession and society at large. Indeed, it must, I think, be admitted, that the towns just named, together with Willoughby, in the State of Ohio, are not places where flourishing medical colleges can be built. West of Pennsylvania and New York, leaving out of view the towns on or near the Ohio, the three points favoring and requiring such seminaries, are St. Louis, Chicago and Cleveland. The first is connected with the Lower and Upper Mississippi and with Western Illinois; the second has connection with Northern Indiana, Middle and Northern Illinois, Western and Northern Michigan, Wisconsin and Iowa; the third may look to Michigan, North-eastern Indiana, Northern Ohio, North-western Pennsylvania and Upper Canada; within which various States and Territories, there will, in another age, be a dense population, supplying students

enough for three schools, but not for the *eight* which have already announced themselves. Each of the towns which I have mentioned, will have population enough to give business to a faculty of teachers, and subjects for the practical anatomist; each will have a hospital, where clinical medicine and morbid anatomy may be taught; and each will erect such literary and scientific associations, as will favor research and ambitious study, in both professors and pupils.

DUODENAL DYSPEPSIA.

From Dr. C. J. B. Williams's Lectures at University College.

BEFORE entering on the subject of constipation, I have a few words to say on duodenal dyspepsia, which I shortly noticed yesterday. (See p. 278.) In this affection, it is especially necessary to pay attention to the diet, avoiding those articles which tend to irritate the duodenum, such as greasy and fatty pastry, which is very indigestible. These matters tend to irritate the duodenum, and produce disorder not merely in the stomach, but also in the liver. It is also necessary to avoid spirituous and fermented liquors, in any quantity, during these attacks. The treatment consists much in the same measures as are appropriate to the different forms of dyspepsia, whether inflammatory, atonic, or irritable—remedies which tend to increase the secretions; mercurial powders, blue pill, and hydrarg. cum. creta, given once or twice a day, and carried off by a mild saline aperient. This may be continued for a longer or shorter time, and, in some cases, even for several weeks. But, inasmuch as mercury sometimes exercises a prejudicial effect on the system, and the digestive organs, it is often desirable to substitute other medicines for it, to keep up the action of the liver and the duodenum. Dandelion, in extract or in juice, nitric acid, and nitro-muriatic acid, are useful, because they act as tonics, at the same that they exert an influence on the liver. Muriate of ammonia is supposed to have a similar effect, combined with taraxacum. It is in cases where the disease is obstinate, and assumes the chronic form, that saline waters are efficacious; particularly those of Cheltenham, and such as contain an excess of alkali, and sub-sulphate of soda in a diluted form.—*London Med. Times.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 27, 1844.

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*Standing of American Medical Schools in England.*—A gentleman of eminence in the profession, residing in Lower Canada, in a letter received the past week, asks the following question—"How comes it that the tickets of the Boston Medical School are not recognized in London, as

well as the New York and Philadelphia? In Canada, certainly in Lower Canada, your graduates pass their examinations with credit, while many of the graduates of other schools are rejected. In no one instance can I recal to memory a Boston graduate having been rejected at the Quebec Medical Board. I have always considered the Boston school as one of the first in the Union, and think so still. It should be recognized in England, or I fear it will do it harm, as far as foreign students are concerned." Till now, the subject has never occurred to us, whether the American medical institutions for instruction were acknowledged as legitimate or not in Europe. If it is really so, that two of them, only, have sufficient reputation to have the time a student may have been connected with them avail him abroad, it is certain that immediate inquiry should be instituted into the cause of such partiality. It is almost certain that the faculties of the favored institutions, were they consulted by trans-atlantic boards, would unhesitatingly declare that the Medical School of Boston was inferior to no one on this Continent.

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*Insane Asylum in Canada.*—Three eminent physicians propose erecting a hospital for the insane, on the Beauport road, a delightful locality, about three miles to the north of Quebec. It is in contemplation to have it partake of the character of a private as well as public institution. Both pauper and paying patients are to be received. With all the thrift and modern enterprise which distinguishes the people of Lower Canada, it is strange indeed that no provision has yet been made for this unhappy class of persons. The pauper lunatics appear to be entirely unprovided for. In cases where friends have the means of providing for a support, they are sent to the States.

We trust the local government will give such encouragement in the proposed undertaking, as to warrant the proprietors in erecting an edifice sufficiently ample and commodious, in which may be found all the conveniences and appliances necessary to the complete organization of a well-conducted hospital for the insane.

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*Philadelphia College of Pharmacy.*—Under the auspices of this institution, is published the American Journal of Pharmacy, a periodical which we have invariably contended, was not patronized according to its merits. On looking over the No. for October, however, the evidence of deterioration is so manifest, that unless a more spirited effort is made to enrich and enliven its pages, the College of Pharmacy's influence cannot save it from inevitable public neglect.

With two editors, assisted by a publishing committee of five gentlemen, eminently qualified to infuse a spirit of energy, and excite a marked attention to that important appendage to practical medicine, pharmacy, the last No. is culpably deficient in point of interest. It appears to be wholly made up of selections from European sources, with the exception of two short papers. Surely, the College alone might furnish original communications enough to give the pages an American expression, if nothing else.

Physicians, druggists and chemists should patronize the Journal of Pharmacy, and the editors, on their part, would then be encouraged to renewed exertion, and more originality might be hoped for.

*Cruveilhier's Anatomy.*—That this is an admirable work, no one acquainted with the author's writings would think of questioning, and we are gratified in having it accessible to anatomists in this country. But we cannot see that enough has been done by Granville Sharp Pattison, M.D., of New York, to warrant his name appearing, with such an array of titles appended, on the title-page, as editor. Part of his Preface, too, is objectionable. It is well known that there is much rivalry existing, at present, between the New York and Philadelphia medical authors, as well as between the large publishers of medical works in the two cities. Much severe language has passed between the former, which will account for the strain of that portion of the Preface to which we have alluded. It is strange language, however, for the Preface to a reprint of a scientific work. "It is very possible," Dr. Pattison says, "from the course which these gentlemen reviewers (of Philadelphia) have pursued in reference to the publications which have received the imprimatur of the professors of the University of New York, that the system of anatomy of Cruveilhier, may, when reviewed by them, fare no better than other medical works published by Messrs. Harpers, under the sanction of the Medical Department of New York." "It is, however, a matter of very little consequence. *Good wine requires no bush*; and a good book, if furnished at a low price, must and will always command an extensive sale. New York is the great metropolis of the Union, and must very soon, like London and Paris, however distasteful it may be to those who may have other interests, become the great centre, not only for medical publications, but also of medical education."

Dr. Pattison says also, in the Preface, "In re-publishing the work, the editor has so restricted himself in the performance of his task, that he feels it can neither add nor take from his reputation." He is right in one conjecture, viz., that it will not *add* to his reputation.

We will only repeat, what all cultivators of anatomy now know—that Cruveilhier's system is unexceptionable, though perhaps far from being superior to all other works on the same subject. It is a good and desirable book, which will be increasingly valued the more devotedly it is studied. The Messrs. Harpers have, as usual, had their part of the undertaking properly executed. Good paper, good type, &c., are desirable points, which are noticeable in this instance. Some of the cuts, however, are rather indistinct, and draw hard upon the imagination. It is a large octavo, of 907 pages—to be had at a low price at Jordan, Swift & Wiley's, Washington street, Boston.

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*Physiology of the London Medical Student.*—Messrs. Carey & Hart, of Philadelphia, have re-published a small pamphlet, called *The Physiology of the London Medical Student, and Curiosities of Medical Experience, by Punch, with Illustrations by Leech*. It is presumed to be extremely witty, and yet we have sought in vain for those keen specimens of wit which were anticipated. London medical students unquestionably spend their pennies, and drill for an examination, very much as Mr. Punch describes; still it is a poor, sorry, beggarly effort at satire. There is perhaps as much capital in some of the American cities for manufacturing a laugh at the expense of medical students, as in modern Babylon; and the idea of caricaturing them is not wholly lost sight of by some of

those comical artists who thrive upon the follies of mankind. London and Paris abound with similar attempts at jests—few of which reach the United States. None of them, however, have less claims upon the reader's risibles, than the present lucubrations of Punch, even backed as he is by one of the first publishing houses in the Union.

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*Death of Dr. Samuel Forry.*—Although the death of this gentleman was noticed in our necrological record last week, we are prompted, by feelings of respect for his memory, to recur again to the melancholy event. Those who were conversant with Dr. Forry's condition in his last sickness, unhesitatingly say that he was a martyr to severe study. The brain was over-worked by laborious investigations, and he fell, in the beginning of his usefulness. His organization appeared to be feeble, and liable to be easily deranged by prolonged mental activity. It is probable that the exposed life he led in the Florida war, while holding a medical commission in the Army, contributed to weaken the physical energies of a naturally frail body, and lessened the resisting powers of the system to the attacks of acute disease. In person, Dr. Forry was of middling stature; his figure was slight, with an expression in his countenance that was indicative of the man of thought. In the circle of medical sciences vital statistics seemed to be the province which afforded him the most satisfaction. Perhaps no one was ever more thoroughly devoted to investigations on the effects of climate, than himself. The work produced by him on this subject during the last season, is the one which will most favorably transmit his name to posterity. In it the peculiar bias of his active mind was exhibited. For analyzing great principles, and explaining laws and phenomena connected with this department of science, he had no superior in this country. As a journalist, and chronicler of the claims and fame of others, he had scarcely time, since the commencement of an editorial career, to exhibit all the talent we considered him capable of exercising. There was a fairness and spirit of candor in his leading editorial comments, that never provoked others to war against the editor, however much some might have objected to the freedom of correspondents.

A meeting of some of the physicians of New York was recently held, at which resolutions were passed in relation to the early death of Dr. Forry, exceedingly creditable to them. May the monument they propose to raise over his grave, speedily mark the spot; and may those who knew him, emulate his virtues, that they may, like him, live respected and die lamented.

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*Diseases at the Sandwich Islands.*—Formerly, according to the history of the South-sea Missions, the diseases of the natives were very few. Those to which European children are subject, were unknown among them. Scrofulous complaints are now common, and pulmonary consumption is of frequent occurrence. They usually commence in early life and terminate either in death or a large curvature of the spine. Persons deformed by distortions of the spine are frequently met with also in the Society Islands. From the notes of observers, it appears that blindness is not uncommon. There were many native physicians found, when the Islands were first visited, who really had some success in the treatment of

a few maladies. Their medicines were purely vegetable, simply prepared. They even practised surgery, rudely, to be sure, but not ineffectually.

*Copland's Medical Dictionary.*—Part II. was promptly distributed last week, embracing the following subjects, viz., *arts and employments, asphyxia, asthma, atrophy, auscultation, barbers, beriberi, blood, blue disease, and brain.* Messrs. Jordan, Swift & Wiley, of Boston, are the publishers' agents. From the character of the work, thus far, it fully meets the expectations of the profession.

*Consumption in Illinois.*—For the last fortnight, during which I have conversed with the physicians of seven towns between Jacksonville and Joliet, I have been assured, *namine contradicente*, that tubercular consumption is one of the rarest diseases of that part of Illinois which lies between St. Louis and Chicago. Most of them have not seen an indigenous case, and have known of emigrants in whom the progress of the disease, in its early stage, had been arrested or retarded. As many of our readers may be consulted by their patients, concerning the effect of the climate of this region on those inclined to phthisis, I have thought it proper to anticipate a future publication by this brief notice.—*Dr. Drake's Travelling Letters.*

*Medical Miscellany.*—Dr. A. B. Shipman, of Cortland, N. Y., has received the appointment of Professor of Anatomy in La Porte University, Indiana, and that of Surgery in St. Charles, Illinois.—The physicians of New York city have recently dined together and had an excellent intellectual and social entertainment.—The yellow fever has been making sad ravages in the north of Peru and at Guayaquil, in the republic of Ecuador.—Forty-two students are attending lectures at the Medical College of Montreal.—The Western Lancet represents the prospects of all the Western Schools as highly favorable. The Philadelphia and New York ones are also spoken of as fuller than in any former year.

TO CORRESPONDENTS.—The conclusion of Dr. Wallace's article on Jewish Hygiene, and a paper on the effects of tobacco in producing certain diseases, have been received.

MARRIED.—At Newport, N. H., Thomas Sanborn, M.D., to Miss Harriet Allen, of Newport.—At Wolcottville, Conn., Roderick A. White, M.D., of Simsbury, to Miss Elizabeth W. Hungerford, of the former place.—At Louisville, Ky., Dr. John Ross, of Mississippi, to Miss M. Lampton.

DIED.—At Knoxville, Tenn., Joseph Churchill Strong, M.D., 70, a native of Bolton, Conn., greatly lamented. A public meeting was called, at which the profession of Knoxville expressed their sorrow for the death of this excellent physician, who was long honored while living and greatly lamented in his death.

Number of deaths in Boston for the week ending Nov. 23, 44—Males, 21; Females, 23.

Of consumption, 7—croup, 4—hooping cough, 1—lung fever, 4—palsy, 1—fits, 3—typhus fever, 7—scarlet fever, 5—intemperance, 2—infantile, 1—sudden, 1—inflammation of the bowels, 1—dropsy, 1—poison, 1—tumor in the head, 1—debility, 1—inflammation of the lungs, 1—liver complaint, 1—marasmus, 1.

Under 5 years, 18—between 5 and 20 years, 6—between 20 and 60 years, 16—over 60 years, 4.

*Health of the Body and Mind—Sir Walter Scott.*—Scott was a genuine man, which itself is a great matter; no affectation, fantasticality or distortion dwelt in him, no shadow of cant. Nay withal, was he not a right brave and strong man, according to his kind? What a load of toil, what a measure of felicity he quietly bore along with him; with what quiet strength he both worked on this earth and enjoyed it, invincible to evil fortune and to good! A most composed invincible man; in difficulty and in distress knowing no discouragement, Sampson-like, carrying off on his strong Sampson-shoulders the gates that would imprison him, in danger and menace laughing at the whisper of fear. And then, with such a sunny current of true humor and humanity, a free joyful sympathy with so many things. The truth is, our best definition of Scott were perhaps even this, that he was, if no great man, then, something much pleasanter to be, a robust, thoroughly healthy, and withal, very prosperous and victorious man. An eminently well-conditioned man, healthy in body, healthy in soul; we will call him one of the healthiest of men. Neither is this a small matter: health is a great matter, both to the possessor of it and to others. A healthy body is good, but a soul in right health is the thing beyond others to be prayed for, the blesseddest thing this earth receives of heaven. Without artificial medicament of philosophy, or tightlacing of creeds, the healthy soul discerns what is good, and adheres to it, and retains it—discerns what is bad, and spontaneously casts it off. In the harmonious adjustment and play of all the faculties, the just balance of one's-self gives a just feeling towards all men and all things. Glad light from within radiates outwards, and enlightens and embellishes. Now all this can be predicated of Walter Scott, and of no British literary man that we remember in these days to any such extent, if it be not perhaps of one, the most opposite imaginable to Scott, but his equal in this quality, and what holds of it—William Cobbett—Cobbett as the pattern John Bull of his century; strong as the rhinoceros, and with singular humanities and genialities shining through his thick skin, is a most brave phenomenon. So bounteous was nature to us; in the sickliest of recorded ages, when British literature lay all puking and sprawling in Werterism, Byronism, and other sentimentalism, nature was kind enough to send us two healthy men. A healthy nature *may* or not be great, but there is no great nature that is not healthy.—THOM. CARLYLE.

*Quinine at the South.*—Quinine, instead of calomel, is now considered, in the South, the Sampson of the Materia Medica; and we congratulate our brethren and the community on the change. The doses of this medicine have been increased from two grains up to ten, twenty and upwards; and its beneficial effects are often truly wonderful. Secretly and imperceptibly, it dispels the morbid train of symptoms, and is perhaps the *only medicine* strictly entitled to the name of *febrifuge*. The quantity of this article used in the South, this season, is prodigious. It has been impossible to supply the demand. An incident related to us by a gentleman from Mississippi, will serve to illustrate it. In a certain neighborhood where a great deal of sickness prevailed, it was ascertained just at night (and as was supposed in a very private manner), that *an ounce* of quinine could be procured about thirty miles distant. It was determined to start a runner for it before day the following morning; this was done, but when he arrived at his destination, he found himself *far too late*; and his only consolation was derived from meeting some half dozen other disappointed applicants.—*New Orleans Medical Journal*.